

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ELIZA | | 05-03-01 |
| O.I.P.E. CLASSIFIER | | X | 7/21/01 |
| FORMALITY REVIEW | A.U | 917 | 06-28-01 |
| RESPONSE FORMALITY REVIEW | H-S | 766 | 01-16-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 02/06/03 |
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| 10 | N N |
| 11 | N N |
| 12 | N N |
| 13 | ✓ ✓ |
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| 21 | ✓ |
| 22 | N N |
| 23 | N N |
| 24 | N N |
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| 40 | ✓ |
| 41 | N N |
| 42 | N N |
| 43 | N N |
| 44 | ✓ ✓ |
| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
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| Claim | Date |
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| Final | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here